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Original Articles

AN ENDEMIC OF PEMPHIGUS.*

BY ELLA MARX, M.D., St. Louis.

SO rare are epidemics and even endemics of pemphigus neonatorum contagiosa in this country that Holt, in his book on Diseases of Children, says he knows of none reported in America. Nevertheless E. B. Kilham[1] in 1889 reported two epidemics as occurring in the New York Infirmary for Women and Children in 1887 and 1888 respectively; but he also says he has found no other cases reported in American or English literature. On the other hand, in Europe they seem to be not uncommon. Runge,[2] whose review of the subject I have found the most complete, cites twelve authors as reporting epidemics of some magnitude occurring either in various European maternities or in the practice of certain midwives; and he also cites an epidemic in a London maternity in 1834, reported by Rigby.

The following cases are interesting therefore because of their rarity in this country and also by reason of the rapidly fatal issue of the first, Kilham reporting no fatality, and Runge considering the prognosis in uncomplicated cases favorable, though admitting the possibility of fatalities. He quotes Zechmeister's report of an epidemic of twenty-six cases in the practice of a midwife in London, of which six died.

On June 19, 1898, at 5 A.M., I was summoned to attend Mrs. J. in her fourth labor, arriving a few moments after the birth of an apparently healthy girl baby, weighing approximately 7½ pounds. The labor had been short and easy and no assistance had been rendered. The cord was still pulsating and after this ceased it was tied, severed, and dressed with absorbent cotton. The placenta was delivered spontaneously after one-half hour.

June 20th. Both mother and child doing well.

June 21st. A small erythematous spot was noticed over the right parietal bone and in the right inguinal region, but my attention was not called to them till the next day, June 22nd, when a vesicle had developed in both regions, that on the head being the size of an ordinary varicella vesicle and that on the abdomen somewhat larger. On this day the cord dropped and I covered the umbilicus with a collodion dressing for fear of infection, should the vesicle rupture.

June 23d. The abdominal vesicle has increased to the size of a silver dollar and has ruptured. Two more have appeared in the right groin and one on third finger of left hand, and the infant is not nursing well. Movements green; temperature 99.4° F. On investigation, find quantity of mother's milk quite insufficient; ordered cow's milk, home modification.

June 24th. Movements better color; infant less restless; bullæ on abdomen and groin extending and fusing, secreting quite profusely.

June 25th. For the past day or two there has been an eruption on neck resembling prickly-heat, which has developed into an infinite number of minute blisters. A bulla has appeared at external angle of one eye. On the abdomen epidermis regeneration is progressing.

June 26th. Minute blisters under chin have fused, and neck in this region is denuded of epidermis; bulla at external angle of second eye.

June 27th. Several vesicles on fingers of right hand; has had a very restless night; movements have again been very bad in color; put on Walker-Gordon milk.

June 28th. Movements of good color; takes food well; but on this day the disease began to spread with tremendous rapidity, the erythema extending from the edges of the old bullæ and a continuous lifting off of the epidermis following in its wake down the back and chest and over the face leaving only a small patch free on either cheek by 9 P.M.; temperature 103°.

June 29th. Entire back is denuded and large dark-blue spots are to be seen; the epidermis hangs in ribbons from the hands; has had three watery movements; urinary secretion continues free. On this day, the eleventh of its life and the ninth of the disease, death occurred.

On the sixth day of the child's illness the mother, whose puerperium had been otherwise absolutely normal, developed pemphigus, the vesicles appearing first on the mammæ, then in the groin, and later on scattered here and there on all regions of the body. They varied in dimensions from the size of a pea to that of half a silver dollar; some were tense, others flabby; some dried down without rupturing. The larger ones either ruptured spontaneously or the fluid was drawn

*Read before the Medical Society of City Hospital Alumni, June 15, 1899.

off, as it was found that they healed more readily when so treated.

On the day of the baby's death it was found that the nurse had some vesicles on that side of her neck against which she had been in the habit of holding the child. She also gradually developed them on various parts of her body but they were neither so numerous nor so large as in the mother's case. The father, who could not be kept from kissing both the baby and mother, developed one large vesicle on his forehead, and the three boys, who had been kept carefully away from the baby, but probably not later on as carefully from the mother, all developed mild forms of pemphigus. I myself had one vesicle on my left forearm, which appeared June 30th and remained visible about a week.

That the infant had pemphigus neonatorum contagiosa and that the rest contracted the infection directly and indirectly from it, is hardly open to doubt, but the source of the original infection is in this case, as according to Runge in all reported epidemics, impossible to determine. There was no case of it, so far as I was able to discover, in the neighborhood, and no member of the family nor the nurse had ever come in contact with the disease.

In Arcadia, I have heard there was last summer an epidemic of pemphigus, but there had been no communication with Arcadians.

Most authors believe in the infectious nature of the disease, though Bohn and Dohrn attribute its origin to external irritants, such as hot baths and rough handling of the infant, or injuries due to pressure of forceps, Dohrn[3] founding his belief principally upon his observation of a midwife in whose practice, despite careful disinfection, twenty-seven out of sixty-five infants contracted pemphigus; whereupon she took no cases for four weeks. Nevertheless on resuming practice two children out of nine had pemphigus. She again stopped practicing for four weeks, but, of the six children born subsequently under her ministration, three contracted the disease. Dohrn then had her come to the Marburg maternity for observation, and here also three infants in her care had pemphigus, while four others, not cared for by her, remained free. Dohrn observed that she had acquired a certain rapidity and roughness in handling of the infants, and that it was interesting to see that just the parts most exposed to her manipulations were those first attacked. He believes, therefore, that pemphigus neonatorum is not a specific disease, but that mechanical, chemical, and thermic irritants produce on the skin of the newborn vesicles whose contents inoculated upon other spots cause still further formation.

In this case of spontaneous delivery there was not even the usual pressure on the scalp consequent upon careful delivery of the head; furthermore, the infant was quite clean and the primary cleansing necessitated no violent efforts. The hot bath could not come into consideration, as I do not have a full bath administered until after the dropping of the cord, which the disease antedated.

Faber, according to Runge, reports in 1890 an epidemic in the Kopenhagen Maternity which he considers had its origin in a case of impetigo of one of the puerpera, and the former believes in the unity of the two diseases. He thinks that they differ merely in form, the crusts and scab-formation appearing more frequently in grown children and adults.

Rotch[4] also says "we must remember that on the delicate skin of infants and young children impetigo contagiosa may cause the lesion of pemphigus through the activity of the parasite and the great vulnerability of the skin." This is, of course, a point which must be settled by bacteriologic investigation, which I regret to say was not made; but in none of the seven secondary cases were the lesions such as I associate with impetigo; crust-formations were rare and when present thin.

The inception of the disease on the third day is rather earlier than is recorded by most authors, who put it at from four to nine days after birth; though Kilham reports one as beginning on the second day.

While the original case surely showed a high degree of infectiousness, it would appear that the virulence of the contagion quickly diminished. Not only did no new cases result in the entourage of the nurse who left the house before she was cured, and who, though to some extent probably exercising care, could not absolutely isolate herself, but I myself discovered the pemphigus vesicle on my arm while disinfecting for another obstetrical case. Circumstances were not such as to make it possible to send for anyone else to take the case, and I merely put an occlusive dressing over the vesicle, disinfected as usual, and had no development of pemphigus either in this case or one delivered a few days later.

The diagnosis to one seeing the case from the beginning was clear, though in its late stage it closely resembled the descriptions given of dermatitis exfoliativa contagiosa; that had it not been for the secondary cases doubt might have arisen as to its identity.

Since the prognosis of pemphigus neonatorum is considered by most authors as favorable, the insufficient and unsatisfactory nutrition of the first few days may have had some bearing upon the outcome, as may also the fact that the last week of June was one of the hottest of the summer.

The treatment recommended by all authors, simple powders, boracic acid, and zinc ointments, had, according to my experience, absolutely no influence. The same may be said of ammoniated mercury ointment, which I tried because of the suggested relation of the disease to impetigo; neither did oak-bark baths, recommended by Soltmann, seem to influence the course of the disease. Flaxseed baths, with subsequent wrap-

ping in cotton, added to the comfort of the infant in the later stages of the disease, but did nothing more; in fact, like most infectious diseases, it seemed to run its course and then stop of its own accord.

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[3]Runge, Max, "Die Krankheiten der ersten Lebenstage," 2nd edition.

[3]Dohrn, Archiv. f. Gyn., Vol. X., 1876, p. 589, and Vol. XI., 1877, p. 567.

[4]Rotch, Pediatrics, 1896.

A CASE OF TRAUMATIC RUPTURE OF THE LONG HEAD OF THE TRICEPS EXTENSOR CUBITI.*

BY GEO. HOMAN, M.D., St. Louis.

ON February 4th, 1899, T. J. W., male, age about 60 years, of muscular build and good habits, came to my office stating that he had a few minutes previously slipped and fallen to the ground and hurt his right arm and shoulder. He said that he was crossing the street at the time, the surface being sheeted with ice, and as he neared the sidewalk his feet went from under him and he fell forward, with his right arm partly outstretched, striking the edge of the curbing with his chest, and his chin coming down forcibly on the sidewalk. He wore a heavy overcoat at the time, which served in part to break the direct force of the impact on the curbing, but notwithstanding this, the fifth rib on the left side was fractured, as was found upon examination.

Abrasions and bruises of the skin were found under the chin and in the palm of the right hand, which had been shot forward as the weight of the descending body came more fully upon it.

He complained of much pain in and near the right shoulder, and the movements of the arm on that side were carefully guarded.

On removing the clothing the injured shoulder showed no marked differences on inspection from its fellow, but pain on attempted movement was so great that nausea ensued.

The seats of pain were respectively at a point inside and rather behind the upper end of the humerus; also at the point of the shoulder, near the coracoid process, and in the left side. He was so well protected by clothing that no cutaneous bruising was found except as already mentioned.

As neither fracture nor dislocation of the bones constituting the right shoulder could be found, the patient was sent home, put to bed and made as comfortable as possible.

The next day a deeply ecchymosed condition was found to exist at the upper inner posterior aspect of the right arm, and this soon involved the entire inner and posterior contour of the triceps muscle, extending even below the elbow. The place where it was first observed corresponded closely to the location of the painful point in the outer aspect of the arm-pit, and was taken to indicate a rupture of the long, middle or scapular head of the triceps extensor cubiti.

As declared by the anatomists, a principal function of the part of the muscle named is to prevent a downward and backward displacement of the head of the humerus; and it was in the performance of this function evidently that the traumatism occurred, for as the weight of the descending body was received by the hand instinctively thrown out, the triceps tightened to its work, but the hand slipping forward threw an immense sudden strain on these particular fibers, which gave way and would have allowed the head of the bone to leave the socket had not the edge of the curbing a moment later prevented its descent, the line of impact being about middle of the chest.

Such seems to have been the dynamics concerned in the production of this injury.

As treatment progressed it was found that the use of the right arm was impaired in attempted backward movements which involved necessary action by the triceps, but this inhibition gradually passed away as recovery progressed.

The points relied on for the correctness of the diagnosis were: 1. The chief site of initial pain high up in the arm-pit. 2. The development of swelling, with subcutaneous effusion of blood at the same time where external bruising was impossible. 3. The specific impairment of function as shown in the course of treatment.

*Read before the St. Louis Society of City Hospital Alumni, June 15, 1899.

Notes and Items

Dr. H. N. Moyer, our esteemed co-editor, Chairman of the Committee on Arrangements of the Mississippi Valley Medical Association, has been ordained by a medical journal; at least it is stated in one of our exchanges that Dr. Harold N. Moyer will deliver the prayer on the occasion of the meeting of the Mississippi Valley Medical Association at Chicago, Tuesday, October 3rd, 1899.

In Paris the regulation of the barber shops is part of the public health propaganda. Only metal combs are used, that they may be easily sterilized; indeed, all of the instruments so far as can be are made of metal for the same reason. Scissors, clippers and razors are boiled before being used, as are the shaving brushes. The hands of a barber are carefully cleansed as soon as he has finished with a customer. Sterilized towels are also part of the paraphernalia of the *fin de siècle* barber shop.

The last report of the Interstate Commerce Commission shows a high railroad mortality in the United States. During the year ending July 30, 1898, there were killed on the railroads 6,859 people. Of this number, 1958 were employes. The total number wounded was 40,882.

According to newspaper reports, an epidemic of poliomyelitis is now prevailing at Poughkeepsie, New York. It is stated that more than fifty cases have occurred. There has been but one death, and this was attributed to a spinal meningitis. Like all epidemics of this disease so far reported, no cause seems to have been determined.

It is claimed that the odor of ozena, which is always a source of discomfort to patients and friends, is relieved by the application of citric acid, in the form of a powder, equal parts of the acid and sugar of milk being thoroughly pulverized together. After cleansing the nose, the powder is blown into it, the application, being made twice a day.

An outbreak of rabies is reported in Erie County, New York. This is said to be the gravest outbreak of rabies that has occurred in many years. It is attributed to a large St. Bernard dog, who traversed the country for a distance of forty miles before he was shot. People, dogs, horses, and cows are suffering, and several persons have been sent to the Pasteur Institute in New York City for treatment.

Crouzel is authority for the statement that a solution of borax and milk, in the proportion of one to twenty, practically antidotes all the mineral poisons, which it both neutralizes and precipitates. The albumen and fatty constituents of the milk are demulcent, and the substance being harmless, may be given in large quantities; at the same time vomiting should be encouraged by emetics or tickling the fauces.

The recent adoption of formaldehyde as a milk preservative makes a ready test for that substance very desirable. Jorissen says that phloroglucin, a solution of one to one thousand, is added to the milk in the proportion of one volume of the solution to two volumes of milk. Caustic soda is then mixed with the solution, which, if formaldehyde be present, will develop a red color. The limit of the sensibility of the test is about 1 to 100,000.

Notwithstanding the almost universal condemnation of opium in the treatment of appendicitis, it is interesting to note that Laube, of Wurzburg, treats appendicitis by placing an ice-bag over the right inguinal region. Opium is given in the form of suppositories, and the only nourishment that is allowed is a solution of peptone and sugar water. Everything possible is done to keep the intestinal tract absolutely at rest. The bowels are not moved for a week, and then the rectum is gently washed out with normal salt solution.

The close of the last century coined the phrase "Liberty, what crimes are committed in thy name." The close of this century paraphases the above, "Business, what crimes are committed in thy name." A druggist, in referring to the increasing consumption of patent medicines and the purely mercenary motives which govern their production and sale, says of the many so-called headache cures, that fatal results often follow their use. If the customer is cured of headache it is often at the risk of impaired heart action or other loss of health.

Many competent observers believe that it is possible at once to suspend the use of opium, providing the bromides are given in large does to replace it. The doses of the bromide must be of large size, not less than 60 or 120 grains, repeated as often as once in two or three hours. Of course, something will depend upon the condition of the stomach and the ability of that organ to absorb these enormous quantities. It is claimed that in two or three days the desire for opium will disappear, and then the amount of bromide may be rapidly diminished.

Il Policlinico, among other Italian journals, continues to comment enthusiastically upon the carbolic acid treatment of tetanus. The drug is employed in the form of a two per cent. solution, of which fifteen minims is injected each two hours. This is followed in twenty-four hours by a marked amelioration of the symptoms. In one of the recent cases reported in *Il Policlinico*, the disease had lasted seven days at the time of beginning treatment, but it was followed by a very rapid improvement after about three drams of the solution had been administered.

The local application of ether to a strangulated hernia is a powerful means of reducing the engorged mass and favors reduction. It is not necessary to have a spraying apparatus at hand. The parts surrounding the tumor should be covered with vaselin and the patient placed upon the back, the pelvis elevated and the thighs flexed upon the abdomen, so as to relax the abdominal ring. Ether is then poured upon the constricted neck, which is followed by a depletion of the tissue and a corresponding shrinkage in volume. It tends also to relax the contracting ring and thus favor reduction.

Pruritus ani is a symptom, for which is often prescribed an ointment, lotion or other treatment. In just a few of these cases the disease may be idiopathic, but in the vast majority of cases fissure, ulcer, or other gross pathologic conditions of the mucous membrane of the lower end of the rectum will be found. In every one of these cases there should be a thorough inspection of the rectum, using a speculum for that purpose. In a few cases the disease may be described as essential, due to the fact that no pathologic lesion is found; but in the very great

majority some change; in the mucous membrane will be found.

In common with the medical men, there has been a very large increase in the number of women practitioners registered in England. According to the last registration, eighty-five women were qualified within the precincts of London alone, and there is scarcely a town of any considerable size in England which does not number one or more women practitioners. Many of those registered in London are connected with dispensaries, hospitals, and infirmaries. This increase in the number of women practitioners is remarkable, especially in England, as the English are rather slow to accept any innovation, and the London School of Medicine for Women was founded as late as 1874.

Guy de Chanliac was a writer of the sixteenth century who enunciated the following surgical precepts. While they were uttered four centuries ago, they are not devoid of application in these latter days: "Let the surgeon be well educated, skillful, ready, and courteous. Let him be bold in those things that are safe, fearful in those that are dangerous; avoiding all evil methods of practice; let him be tender with the sick, honorable to men of his profession, wise in his predictions; chaste, pitiful, merciful; not covetous or extortionate, but rather let him take his wages in moderation, according to his work and the wealth of his patient and the severity of the disease, and his own worth."

It is currently reported that the milk supplied cities is now preserved with formaldehyde. This substance is with difficulty detected, which is not true of salicylic acid or boric acid, which were formerly exclusively used for this purpose. The President of the Indianapolis Board of Health has shown conclusively that even small quantities of formaldehyde interfere with the process of digestion. This last preservative of milk again emphasizes the fact that milk inspection should not be content with the determination of the total solids and specific gravity of the milk, but should also include an examination for the detection of dangerous antiseptics and a statement as to the age of the milk.

The cause of spontaneous conflagration is now attributed to omnipresent bacteria. Le Verdo, in a recent article, says that spontaneous combustions which occur in insufficiently dried materials is due invariably to bacteria which, in the presence of moisture and an abundant food supply, grow with great rapidity, developing a considerable degree of heat, setting up a process of fermentation which transforms the material into carbonaceous matter, porous and very light. The processes are also attended by the liberation of heat, and a temperature of 300 degrees centigrade may be reached. In the absence of an abundant supply of air, oxidation takes place slowly. If, however, there is sudden access of air to the heated mass, it may suddenly burst into flame.

Bunsen, the great chemist of Heidelburg, died recently at the age of eighty-eight years. His contributions to the science of chemistry were as great as those of any man that ever lived. Not only were they of value from a scientific standpoint, but many of them were of commercial importance. Among these was the hot-blast for iron furnaces. Perhaps no greater discovery was ever made for the practical chemist than that of the Bunsen burner, which will serve as the greatest monument to his genius, and will ever keep the name of Bunsen in the mouths of chemical students. From a scientific standpoint, his greatest discovery was that of spectrum analysis. The addition made by this man to the sum of human knowledge is almost incalculable.

Koch believes that the mosquito is the sole means of spreading malaria. He says: "Wherever one goes, he finds a relationship of both time and place in tropical malaria and the mosquito. On the coast of Africa there are several regions which have the reputation of being free from malaria, among which is the Island of Chole, which lies at the southern extremity of the large island of Mafia. I have visited this island, which was formerly used by Zanzibar Arabs as a health resort. It is the only place on the coast where I was able to sleep without a mosquito net. In the mountains, malaria comes to an end just where the mosquitoes disappear. As one passes inland malaria and the mosquito disappear together. At those times of the year when there are many mosquitoes malaria is very severe."

The *Medical and Surgical Review of Reviews* has shortened its title to the *Medical Review*. This makes the London and St. Louis journals appear under the same title. In commenting upon this change, the *Review of Reviews* has taken pains to write to Dr. Ridge, editor of the *Medical Temperance Review*, the latter hastening to discard any claims to monopoly of the words "medical" and "review." As Dr. Ridge's magazine is a special one, and contains the word "temperance" it is difficult to see where the two journals could be confounded. There is some confusion in having two English publications with exactly the same title. In the future it will be difficult when credit is given for a reader to know whether it is to go the London or to our own publication.

The London press has recently published accounts of some marvelous surgical happenings in New York. One of these is an account of a case in which the thorax was opened by a stab-wound, and the left ventricle of the heart incised. In the intervals of cardiac pulsation, a normal salt solution was injected and then the left ventricle was sutured, the patient

making a good recovery. Another yarn relates to the case of a millionaire, who was suffering from an obscure abdominal complaint. The diagnosis being difficult, a rubber bulb was covered with a photographic film, which the patient swallowed. As soon as it reached the stomach, the bulb was inflated, and in this way an accurate photograph of the interior of that viscus was obtained. We fear that the London press has been imposed upon, and that somebody has, in the language of our local reporters, been giving them a "pipe."

The Iowa Medical Journal has taken up osteopathy in so far as relates to their claims of receiving only educated persons as students, and graduating them only after rigid examination. A letter was sent from Boone, Iowa, in which nearly one-half of the words were misspelled and with little or no attempt at grammar or syntax. It is stated that it was written in a most illegible hand. An immediate response, with a faint qualification, was received from the osteopathic institution of Des Moines, Iowa, while the mother house at Kirksville, Mo., was ready to receive this wholly uneducated person, providing she could produce the necessary $400 for twenty months' tuition. The osteopaths claim that anatomy is taught very perfectly in their institutions, better than in the average medical college; that this science could be mastered by a simple-minded girl, such as as the writer portrayed, is, of course, an utter absurdity.

The Automobile is turning out to be a death-dealing machine in Paris. It is reported that it was responsible for nine deaths and over forty serious injuries in one week. To any one familiar with the manner in which automobiles are run in the parks and upon the boulevards of Paris, it is a surprise that the casualties are not even greater. The operators of these vehicles do not seem to enjoy themselves unless they are going at break-neck speed, which is accompanied by the ear-splitting blasts of a horn, capable of being heard at varying distances from one-half to two miles. The sort of vehicle which makes the most noise and runs at the greatest rate of speed is an electric tricycle, which has considerable weight and broad tires, but is capable of a rate of speed easily reaching twenty-five miles an hour on ordinary roads. The stranger, when he first sees one of these machines coming down the street, is strongly impelled to get over the nearest fence.

Urban Pritchard, in his address before the Congress of Otology, says that Toynbee is generally acknowledged to be the father of modern otology; but to go back to the foundation of the science, it is necessary to refer to ancient Egypt, some sixteen hundred years before the birth of Christ. Ebers' papyrus is said to contain a monograph on "Medicines for Ears Hard of Hearing," and "For Ears from which there is a Putrid Discharge." The science, however, did not become important until the present half of the present century, with the foundation of the Royal Ear Hospital in London, which was the first successful aural clinic in Europe. The period between 1840 and 1860 marked the infancy of the science and the extensive contributions of Wilde and Toynbee. At the present time there are scattered through Great Britain at least 200 practitioners who devote special attention to the ear, and in London alone there are at least twenty clinics.

The Inebriates Act of New South Wales is one of the latest legislative productions of Australia, that has already given to this country the Australian Ballot System and the Torrens System of land registration. This act is designed for the control and cure of inebriates, and recognizes that the person who is addicted to the use of alcoholics and narcotics is irresponsible and incapable of exercising proper self-control. The relation of the physician to the enforcement of the act is much the same as in cases of lunacy, and there is practically no distinction made between a certificate of inebriety and one of lunacy, so far as the legal status of the person certified is concerned. The period of detention varies from twenty-eight days to twelve months, the idea being to afford them sufficient time to overcome the unfortunate habit. The essential idea of the measure is the recognition of the inebriate as a "patient." It is certainly a great advance over the average justice-shop-bridewell method of dealing with inebriates in this country.

The following amendment to the by-laws was adopted at the last meeting of the St. Louis Medical Society:

The holding of any patent, or part thereof, for medicines or secret remedies or processes, for the cure of disease, or the announcement of the use of secret methods of cure, or the announcement of pretentions to superior qualifications in the treatment of disease, by publication in newspapers or otherwise; or resorting to public advertisements, or to private cards or handbills, inviting the attention of individuals affected with particular diseases; or offering publicly free advice or medicine to the poor, or promising radical cures, or publishing cases, operations or cures in the public prints, or suffering such publication to be made; or inviting laymen to be present at operations for the purpose of impressing them with the skill of the operator, or publicly boasting of cures or remedies, or adducing certificates of skill or success, or paying or offering any salary, bribe or commission in return for patients procured, or accepting the same, or employing others to do any of these things, shall, among other things, be considered gross misconduct in the sense of the preceding section.

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PHENOCOLL-HYDROCHLORATE IN MALARIA.

Phenocoll is a base which unites with acids, forming salts. Some of the recent literature refers to phenocoll-hydrochlorate and some to phenocoll-hydrochlorid. It is probable that the combination with the acid simply affects the solubility of the compound without altering its therapeutic value. The hydrochlorid forms colorless needles or crystaline powder, soluble in sixteen parts of water; if it is added to alcohol the phenocoll is precipitated. It has been employed to a considerable extent as a subtitute for phenacetine as an anti-pyretic, anti-rheumatic and anti-neuralgic. One of the most important properties possessed by the drug is that of destroying the malarial parasite, a factor which has led to its extensive use by Italian physicians, one of whom, V. DALL OLIO, recommending it in severe malaria. Later, MONDINI employed it in inveterate forms of malaria in children with brilliant results. He used it in over one hundred cases, and met with but few failures. He reported a number of cases, among which was that of a child, nine years of age, who had suffered from malarial intoxication and who had an enormous splenic tumor. This child was treated with huge doses of quinine without benefit, while prompt relief was afforded from phenocoll. The dose is from fifteen to thirty grains.

HAVE THE TONSILS AN INTERNAL SECRETION.

In an editorial in the MEDICAL REVIEW, Sept. 16, 1899, we called attention to the tonsils as an infection atrium. We stated that it was not generally known that these structures performed any useful function. Since then an article in the *Therapie der Gegenwart* states that after the injection of aqueous glycerin extract of the tonsils there is a rise of temperature amounting to three or four degrees, and the heart's action is slowed and strengthened, and there are increased reflexes and slight myosis. We refer to this observation for what it is worth. It is evident that this last experimentalist upon the function of the tonsils if of the opinion that they do have a secretion which is of importance in the economy, and he accounts for the absence of disturbances of the general system after tonsillectomy on the ground that similar tissue is found at the base of the tongue, which suffices to carry on the internal secretion.

THE VALUE OF THE PULSE IN ACUTE DISEASES.

The older writers attached great importance to the rate of the pulse and the character of its beat in acute diseases. To a great extent this sign governed treatment, and by it the prognosis was largely formulated. After the invention of the clinical thermometer, the temperature came to rank as one of the most important symptoms in infectious disorders. This was followed by a multiplication of the means of diagnosis, so that the condition of the pulse, to which so much importance had been attached, came to be less critically observed. Late writers are again calling attention to the importance of the pulse, which, in the prognosis of acute disorders, notably pneumonia, tuberculosis and typhoid, is very great. If in these conditions the pulse rate is persistently above 100 it is unfavorable, and if above 120 serious complications may be expected. Some writers claim that in this way they are able to recognize curable forms of tuberculosis from those which pursue a more rapid course and almost certainly end fatally.

THE ANTI-TYPHOID VACCINATION.

It is an expression of the insufficiency of our modern sanitary institutions that every now and then medical as well as lay journals proclaim with great emphasis the discovery of an anti-typhoid serum, etc., for the treatment of enteric fever. While from our knowledge of the life-history of the Eberth bacillus it would seem that this disease ought to be one comparatively easy to prevent and to exterminate, experience invariably shows the great number of obstacles as yet to be overcome. But at the same time this experience shows how little inclined as yet medical men are to avail themselves of the means already put in their hands by bacteriologic research. It is true that the magnificent investigations of PFEIFFER have demonstrated that there is no clue which would justify the hope that we shall soon possess a serum treatment based on the formula of the diphtheria and tetanus sera, but they have given us the fundamental structure for the prevention and prophylaxis of this disease—the vaccination with

typhoid virus. It is an uncontrovertibly established fact that an inoculation (in itself harmless and void of danger) with a small amount of a sterilized culture of typhoid germs furnishes a more or less complete protection against the disease, lasting for a considerable time. To a limited extent this prophylaxis has been carried on in a number of German institutions for a number of years with uniformly satisfactory results.

It was, however, only in consequence of the brave efforts made by HAFFKINE to combat in a similar way the progress of the bubonic plague that general attention has been called to this practice, and great credit is due to Prof. WRIGHT for having introduced it on a large scale among some portions of the English troops stationed in East India. An interesting report regarding his work may be found in a late issue of the *Indian Medical Record* of Calcutta, and in several publications in the *British Medical Journal*, although the connoisseur of incident publications may doubt that the discovery is a truly English one.

This easy method of preventing typhoid fever should be more largely practiced, especially during epidemics and upon the attendants upon typhoid fever cases. We cannot refrain, however, from pointing out a grave error under which these English publications are laboring. While they accept the agglutinating property of the blood of the vaccinated individuals upon an emulsion of typhoid bacilli as proof of the established immunity, they entirely forget what Pfeiffer always emphasized, that agglutination is not a reaction of immunity. In order to demonstrate that immunity has really been established, it is necessary to obtain with the serum of the person experimented upon the Pfeiffer's phenomenon, which is the destruction and dissolution of the typhoid germ under the influence of this serum in the body of an animal. Agglutination and immunity are not synonymous, and this misconception may, in a given case, give rise to grave misconclusions, although it must be admitted that for practical purposes the demonstration of agglutinative power can usually be accepted as sufficient proof of the success of the inoculation.

MALARIA IN CHILDREN.

In the last four numbers of *Pediatrics*, Moncorvo contributes an exhaustive article upon Malaria in Children which it will be well for practitioners to examine. He states that of the three diseases, syphilis, tuberculosis and malaria, which are at the foundation of so much of the infantile trouble in South America, malaria is by far the most important. In 1891 and 1892, thirty-six per cent. of all the children in the author's clinic were sufferers from this disease. All ages were affected, the disease being especially frequent in the first year of life, thirty-five per cent. out of a total of 539 cases coming in this period. The author is of the opinion that the malaria may exist in the fetus, and considers that the transmission of the disease is probably through the placenta. As regards the race, the negro was much less susceptible than the white, although there was no complete immunity. The disease is much more frequent in children of the poorer classes, living in badly ventilated, damp rooms, under poor hygienic conditions. With regard to seasons, most cases occur during the Brazillian summer, viz., January, February and March. With reference to the specific etiologic factor, the author has been able to demonstrate the hematazoon in the majority of cases. While he is of the opinion that the mosquito is the carrier of the germ in most cases, he believes that drinking the water is also a factor in the transmission. In this connection it is to be noticed that so long as the digestive functions are normal, the liability to paludic infection is much diminished. With reference to the question of the transmission of the disease of the nursling from the mother's milk, the author concludes that direct infection is impossible. The liability to infection is much increased by a state of dystrophy. Thus of 573 cases, thirty-nine per cent. were victims of hereditary syphilis. Tuberculosis also increases the susceptibility of children to malaria. With regard to the symptomatology, the author concludes that the manifestations of the disease differ totally from those seen in the adult. The onset is usually gradual, with restlessness, great thirst and frequent profuse perspiration. The urinary secretions are diminished, the bowels loose, the movements greenish and accompanied by much colic. The child becomes pale and loses flesh rapidly. Gradually attacks of fever come on, the attack being almost invariably quotidian, rarely the tertian and never the quartan. The temperature is irregular and distinctly remittent. Chills are exceedingly rare, noticeable coldness of the extremities and cyanosis of the lips and nails being common. Between the attacks, the temperature rarely falls absolutely to the normal. Digestive disturbances play a marked role, often preceding febrile attacks or they follow, completely masking the clinical picture. The liver and spleen are usually enlarged, and the author notes the peculiar fact that in Rio Janeiro the liver is apt to be more enlarged than the spleen.

One special feature of malaria in very young children is the marked tendency of the disease to become steadily worse and assume a pernicious character. The picture in these cases does not differ from that seen in the corresponding condition of adults, except that the intestinal symptoms become more severe. The child may then fall into a condition of what the author terms algidity, with subnormal temperature, or he may get a condition of hyperpyrexia, so that the temperature may rise as high as 109°. If death does not follow at this time, convulsions may set in, usually of an eclamptic character. Secondary infections,

such as meningitis, bronchitis, pneumonia, enteritis, pericarditis and nephritis are all comparatively frequent. It is also to be noted that there are certain atypical forms which may escape recognition for some time; thus insomnia may be the only apparent manifestation of the disease; per contra, certain cases manifest themselves by excessive somnolence, other cases take on the form of enteralgia, especially in the new born. A comparatively rare condition is paroxysmal paludic, dyspnea. Finally there are certain erythematous and maculo-papular eruptions associated with malaria. Following several severe attacks of intermittent fever, children may fall into a condition of malarial cachexia, and in countries like South America, where malaria is endemic, this condition must always be taken into account in the dyscrasias of children. In regard to the diagnosis, it is to be remembered that acute tuberculosis and malaria may run similar courses, the differential diagnosis to be made by the blood examiuation. Another infection which may have to be differentiated in children, is ankylostomiasis. The parasite may be recognized in the stools. With regard to the prognosis, it may be said that, with an early diagnosis and proper treatment, the outlook is favorable in the majority of cases.

The importance of prophylaxis cannot be overestimated wherever it is possible. Damp living rooms are to be avoided, and at night the children are to be protected from the mosquitoes by netting. In places where malaria is endemic, the drinking water should be boiled. Small doses of quinine may also be used. In regard to the treatment proper, it is to be remembered that children have a special tolerance for quinine which had best be given continuously; by mouth any of the more soluble salts may be given, flavored with orange peel or vanilla. The daily doses for nurslings may be placed at five or ten grains. In the very severe cases the age should not be considered, and the drug should be given in maximum doses, forty-five grains per diem. The rectal administration is not to be advocated, nor are the dermic and endermic methods. In the opinion of the author the hypodermic method is often of very great value. It is necessary to procure soluble salts in concentrated form, the neutral chlorhydrate being an excellent example. In cases where the stomach is refractory, this method is extremely valuable, and if the injections are made deep in the muscles of the gluteal region they are not at all painful. As an addition to the quinine, arsenic is of value, and methylene blue may be substituted for quinine where, for any reason, the latter drug is contraindicated. Calomel could be used as a laxative, and for the diarrhea tannalbin. Should an antipyretic be needed, antipyrine is the best for children. For the algid condition, hypodermic injections of ether, camphorated oil and caffeine may be used; the latter drug when used with care being of special value.

DOES THE PRACTICE OF MEDICINE PAY?

We recently commented on an article by George J. Monroe, who discussed the question, "Is life worth living?" In the last issue of the *Cincinnati Lancet-Clinic* he takes up another question, "Does the practice of medicine pay?" He says that he has received answers from more than a hundred physicians who differ from him in his conclusion that it does not pay to live. He says there is no profession or people who do so much work where they receive no remuneration as physicians. They are constantly giving their time, wearing themselves out, physically and mentally, for the benefit of the sick poor. He believes that at least one-third of the work done by physicians is performed gratuitously. Taking everything into consideration, he thinks that he is perfectly safe in saying that it does not pay financially to be a physician. With the conclusion of his second article, we think most of the hundred and odd thousand physicians in the United States will agree. The substance of the two articles taken together would be about this: That life may be worth living if you are not a physician.

RUDOLPH VIRCHOW.

Rudolph Virchow is now in his seventy-ninth year, and is considered by the majority of the medical world as the leading medical man of the world. His work on cellular pathology, which appeared in 1858, is the foundation of modern medicine. He is often spoken of as the father of modern pathology. He belongs to the classification of universal genius. He is one of the most learned anthropologists of the day, and his work upon cranial deformities and his essays upon primitive races have been sufficient to stamp him as a famous scientist, apart from his medical work. He has achieved signal distinction in the department of public health. He directed the construction of the sewers in Berlin in 1859; in 1873 he made an exhaustive report on the drinking water of that city. In addition, he has made thorough studies of the geographic distribution of typhus, and as early as 1846 he was sent to Norway to investigate leprosy. He has been a successful editor, *Virchow's Archives* ranking as one of the leading publications of the world. His political career has been quite as brilliant as his scientific. He was involved in the famous "Rebellion" of 1848, and was compelled to leave Berlin. Eight years later he was called back and shortly afterward was elected to the Chamber of Deputies. In 1880 he was elected to the German Parliament. During all his political career he has been a Liberal, and for years he was the most powerful opponent of Bismarck and the Imperial policy. Notwithstanding this opposition, he has received the highest honors in the gift of the German government.

Society Proceedings

MEDICAL SOCIETY OF CITY HOSPITAL ALUMNI.

STATED MEETING, THURSDAY EVENING, JUNE 15,
THE PRESIDENT, DR. GEO. HOMAN, IN THE CHAIR.

DR. ELLA MARX read a paper on

An Endemic of Pemphigus.*

DISCUSSION.

DR. R. B. H. GRADWOHL said he had worked on the micro-organism of pemphigus, a case of which he had seen last year. He succeeded in separating the bacillus from one of the bullous lesions, and found it gave reactions characteristic of the staphylococcus pyogenes albus; whether this was the specific cause of the eruption or not he could not say. In looking over the literature on the subject he noticed that one man found the staphylococcus pyogenus aureus, while another observer, Bumme, found a diplococcus and had succeeded in inoculating cases. Some of the cases would go into a typhoid state, and in fatal cases this diplococcus has been found in the urine; it was a question whether it alone produces general symptoms of the disease, though this had not been proven.

DR. HOMAN asked if the disease could be produced in any way except by vesicle rupture, and if a lesion of the skin was necessary.

DR. MARX said she had not studied that phase of the question. She said there might have been a lesion on her forearm, produced by the brush while disinfecting thoroughly before severing the cord.

DR. HOMAN asked if anyone could tell why the discase was more prevalent and better known in Europe than in America.

DR. MARX stated that in the fall she had seen a case in one of the tenement houses, but had no slides with her, so could get no serum for investigation. She had inquired whether there were other infants affected in the house, but there were not. She said she was much interested in Dr. Gradwohl's remarks, for she had been unable to find any literature on the subject.

DR. HOMAN read a paper entitled

A Case of Traumatic Rupture of the Long Head of the Triceps Extensor Cubiti.†

DISCUSSION.

DR. R. C. HARRIS said Dr. Homan's case of rupture of the long head of triceps muscle recalls a case which he had read in a southern medical journal some time ago. The performer, while springing from one trapeze to another, after he had caught the one he was springing for, suddenly let go and fell to the ground. He was picked up unconscious, and examination revealed a rupture of the tendon, with a complete separation of the muscle from its attachment to the subglenoid depression, to which this part of the muscle is attached. Patient died later from the results of internal injuries.

DR. F. G. NIFONG said he had never met with a case of this kind, but he had seen a rupture of the deltoid. He supposed this was due to partial rupture of the muscle fibres or nerve rupture, producing atrophy and loss of function. He thought the result very good.

DR. NORVELLE WALLACE SHARPE said the case was very interesting and comparatively rare. These muscle ruptures occur in two classes of people ordinarily: in individuals where the rigidity of muscle fibres is relatively great, as in the aged, or in those where impairment of muscle tissue exists consequent upon disease, such as in diabetics, post-typhoidal cases and syphilitics, less frequently following scarlet and yellow fever infections. The rectus abdominis, rectus femoris, adductors of the thigh, muscles of the calf, psoas and flexors of the forearm, are those usually ruptured, and in the order named, the degree of rupture ranging from an almost imperceptible stretching with laceration of a few fibres to complete pulpification. In a rupture of the fibres such as suggested by Dr. Nifong the impairment is of comparatively little import; but a complete rupture of the triceps, like the one reported by Dr. Homan, is a relatively rare occurrence; in this case there was a distinct separation of the muscle in its continuity. In the aged, where an individual muscle is of less value than in the young or in women, where symmetrical contour is demanded, it is just as well to put them to bed and make cold applications, as was done in this case; but in men who are compelled to live by the exercise of their bodies, and in women, where contour is of importance, muscle rupture is not adequately treated upon that basis, but becomes a surgical case, where to cut down and unite the muscle and fascial edges by suture would be proper; the result in such cases is usually very fair. If this is not done, and function of the part is not restored; we have then to depend upon scar tissue; this is never strong, and there is almost certain subsequent muscle atrophy and nerve impairment. This case proceeded very nicely, but he thought it would be better, as a rule, to suture the muscle proper and fascial ends together; after suturing, to extend the arm and forearm and put on a posterior splint, of necessity splinting the arm, forearm and shoulder to the mid-line anteriorly and posteriorly in plaster of Paris to secure absolute immobilization in the proper position.

Dr. L. C. BOISLINIERE asked if there was any nerve involvement, as evidenced by subsequent neuritis.

DR. HOMAN said there was not.

DR. BOISLINIERE then said, referring to Dr. Sharpe's remarks in regard to atrophy of the muscle after such injuries, that this atrophy was usually due to nerve

*See page 241, this number.

†See page 243, this number.

disturbance or injury, and not to any injury to the fibres themselves.

DR. SHARPE'S interpretation of the symptomatology was that immediately after the injury there is loss of function dependent upon muscle rupture, but that subsequent functional impairment is due to imperfect union of muscle-fibre by elastic scar tissue plus atrophy dependent upon nerve involvement. If you should expect that a ruptured muscle, united only by fascial edges, to unite, it would be in the scar in the fascia which envelops the muscle, but the muscle itself will not unite perfectly; to secure a good functional result, muscle ends should be brought together and held in that position by appropriate sutures, the edges of the fascia being also united in an adequate fashion.

DR. HOMAN said that he supposed the distressing consequences which might have ensued if the head of the bone had left the socket involving the musculospiral nerve, had been avoided. He did not think there had been actual separation of the entire head of the muscle in its continuity; but judging from the local symptoms, hemorrhage, and seat of pain, and loss of function, there must have been some giving way of these fibres. He believed there was also some strain of the coraco-brachialis, for he had not been quite able to satisfy himself that there was not more or less complete detachment of this muscle from its attachment as there was more or less pain at that site. As far as he had looked up the subject he found the relative frequency of rupture of muscles was in the following order: The muscles attached to the heel—the tendo Achilles first, the quadriceps extensor femoris second, and the triceps third. He had seen a case of transverse rupture of the belly of the biceps and had shown the patient at one of the medical societies some years ago. The recovery was incomplete, a transverse depression across the belly of the muscle remaining. It might be that if steps such as those mentioned by Dr. Sharpe had been taken in that case the function of the muscle would have been more fully restored, but he could not say positively. In the present case he said the man was an intelligent person and the arm was carried in that position most favorable to compact. He had not seen him recently, but he believed the function was pretty nearly restored. After his return to business, during damp weather the patient complained a great deal of aching and impairment of movement, but since warm weather has set in this has decreased.

The following is the programme for the St. Louis Medical Society of Missouri, Saturday evening, September 30, 1899: "A Case of Syphilitic Meningitis," by Dr. H. C. Fairbrother; "Presentation of Specimens, Illustrating Some Points in the Pathology of Appendicitis," by Dr. John Young Brown.

Current Medical Literature

DERMATOLOGY AND GENITO-URINARY DISEASES.

The Value of the Reaction of Fustus for the Diagnosis of Syphilis. — TABOT and MERTENS* tested, in 43 cases, the syphilis reaction of Fustus (transitory but pronounced reduction of hemoglobin after mercury inunctions), and were able to confirm the assertions of this author. In 7 cases of active lues there was a positive result (reduction of hemoglobin of 10.35 per cent.); three cases of cured syphilis give a negative result, while out of 33 control experiments, in one case of chlorosis only, a hemoglobin reduction of 13 per cent. was seen, without any symptoms or suspicions of luetic infection.

Kidney Disease, Especially in Reference to Life Insurance.—T. H. ROCKWELL† believes that a perfectly healthy person does not pass albumin in his urine, and its presence should lead us to determine, if possible, the true import of it. The discussion is limited to cases which present themselves from day to day of individuals presumably healthy, especially those who present themselves as applicants for life insurance. The mere presence of albumin does not justify us in making a diagnosis of renal inflammation, even when we are satisfied that it comes from the kidney; nor is the quantity any guide as to the severity of the lesion. An immense amount of albumin may follow excessive muscular exercise, and after a few hours of rest not even a trace may be discovered. On the other hand, the most formidable form, interstitial nephritis, may be far advanced without albumin being found. The salient points of chronic diffuse and chronic interstitial nephritis are observed, and those cases are considered in which there is not enough evidence to justify a diagnosis of inflammation of the kidney. The presence of albumin in the urine is a sign of danger, whose importance must not be underestimated.

Quantitative Estimation of Albumin in the Urine. — C. W. PURDY‡ recommends a method, whose advantages over all others are its rapidity, simplicity, accuracy and comprehensiveness in expressing results, the volumetric percentage, the gravimetric percentage, the number of grains per ounce, and the total amount by weight in twenty-four hours, all being apparent by a single glance at a table given. The process consists of the following steps: Precipitation of the albumin in carefully graduated percentage-tubes of 10 c.c. of the urine by means of 2 c.c. of 50 per cent. acetic acid and 3 c.c. of 1 to 10 aqueous solution of potassium ferrocyanid; after mingling the urine and reagents, the tubes should stand for 10

*Boston Medical and Surgical Journal, 1899, No. 20.
†N. Y. Med. Jour., Sept. 23, 1899.
‡Jour. Am. Med. Assn., Sept. 23, 1899.

minutes to insure entire precipitation of the albumin. The percentage-tubes are then placed in a centrifuge, the radius of which with tubes in position must be exactly $6\frac{3}{4}$ inches. The tubes are revolved for exactly three minutes, at a uniform speed of 1500 revolutions per minute. The tubes are next removed and the amount of albumin is read off in bulk percentage, which, by the aid of the table given, is corrected into percentage by weight and grams per fluid ounce. The time necessary to carry out this test need not exceed fifteen minutes, and as a result of many observations, in which the results were compared with those from the gravimetric method, it has been found that the errors need never amount to more than 0.01 per cent.

Fibroma Molluscum (Virchow).—MERKEN,* in support of the theory pointing to congenital origin of the fibroma molluscum, cites the following facts: 1. A part of the cases exist from birth; 2. A large majority of the remaining cases develop during youth; even during early childhood; 3. Many cases are hereditary; 4. They frequently occur together, with congenital pigmented areas; 5. Their frequency in individuals mentally weak. The author concludes that the fibroma molluscum is to nature an anomaly, in many respects resembling nevus. It comes under the head of benign new growths, but has a tendency toward malignant degeneration. They have their origin in many cases from the connective tissue surrounding the cutaneous nerves.

Pruritus and Trichotillomania in Cases of Dementia Paralytica.—In these cases Ch. Fèrè† makes a valuable contribution to the ever-growing literature on the dermato-neuroses. Trophic changes of the skin in general paralytics are more or less common; the most frequent lesions observed are erythematous or bullous eruptions, purpura or zoster. Pruritus is a most common symptom. In 26 cases Fèrè has found it in 3. A pruritus without an apparent cause can be interpreted either by an excitation of the extremities of the cutaneous nerves or by an irritation of the sensible nerves, or by a reflex action, or by a central or cortical lesion. Trichotillomania was first described by Hallopeau in 1889 and is thus defined: An affection characterized by an intense pruritus upon all hairy parts of the body and by a true *vesanie*, which causes the patient not only to scratch himself everywhere, but to tear out the hairs, thus producing an artificial alopecia. Neither the skin itself nor the hair shows any appreciable alteration. Then follows the report of a case of general paralysis, in which, owing to an intense pruritus, the hairy portions of the body, the pubis especially, were almost completely denuded of the hairs. No treatment had any effect, and the condition lasted some six months, when it stopped of itself. The only explanation which is in anyway satisfactory is that there is a possibility of the existence of a primary localized pruritus in a general paralytic.

The Use of the Renal Catheter in Determining the Seat of Obscure Pain in the Side.—KELLY* suggests a most unique way of making a differential diagnosis in cases of obscure pain in the side. As a rule, those cases complaining of a side-ache, the nature of which may not be determined for a number of years, prove to be a gall-stone, a renal calculus, some localized affection of the colon, or disease of the vermiform appendix. By means of the renal catheter, Kelly succeeded in a number of cases in excluding the kidney affections, and by this means a diagnosis is suggested. The catheter is introduced in the usual manner. Ten to fifteen cubic centimeters of a bland fluid are injected rapidly into the kidney, with the idea of suddenly distending the pelvis and bringing on an artificial renal colic. This is easily done in all cases. As soon as pain is felt it can be located, and the patient can say whether or not it is similar in character to or in the same position as the pains of which she has previously complained.

Accidental or Spurious Albuminuria. — C. G. STOCKTON† employs this term to include those cases of albuminuria in which albumin finds its way into the urine from the pelvis of the kidneys, from the ureters, the bladder and the genitalia. It is of direct interest because it is one of the diagnostic data for the recognition of pelvic renal disease, ureteritis and cystitis. Albumin arising from these sources must be excluded from that coming from the kidneys. The occurrence of albumin in pyelitis is almost constant and seems to bear direct ratio to the extent of pus-formation in the pelvis of the kidney. Pus, blood and mucus are found in the acid urine of this condition, and tube-casts are absent. Attention is called to the fact that traces of albumin, epithelium, mucus, pus-cells, and a few red blood-corpuscles are found in cases of ureteritis. Accidental albuminuria should not be disregarded, and its source should always be most carefully examined into The urine should be frequently studied to make sure that the structure of the kidney is not being invaded.

DISEASES OF CHILDREN.

Aneurysm of Aorta in a Child.—ROGERS‡ reports a case of a girl of 10 years, admitted to the hospital with fever, great prostration, where the examination showed the heart to be greatly enlarged, with loud rough systolic murmur, especially well marked over the pulmonary aorta. In spite of vigorous stimulation the child died suddenly of cardiac failure. Post-

*Wiener klinische Wochenschrift, Aug. 24, 1899.
†Nouvelle Iconographie, August, 1899.

*American Journal of Obstetrics, Sept. 18, 1899.
†Jour Am. Med. Assn., Sept. 23, 1899.
‡Pediatrics, August 15, 1899.

mortem showed a slight pericarditis, enormous hypertrophy of the left ventricle, and large vegetations of the aortic valves. About one-half inch above the right side of the anterior semilunar cusp of the aorta there was an irregular hole which was the opening of the aneurysm, the size of a walnut, lying between the right auricle and the pulmonary artery. Aortic aneurysms in children are extremely rare and when present nearly always associated with disease of the aortic valves. The author considers that the wall of the aorta had become infected in some way and in consequence it had been weakened and given away.

Belladonna in the Broncho-Pneumonias of Children. — HODGHEAD* reports thirty cases of broncho-pneumonias in which drop doses of tincture of belladonna were given to children from one to six years of age, with calomel in hourly tenth-grain doses as laxative. He concludes that the belladonna is mildly narcotic, is a cardiac stimulant; it produces a dilatation of the superficial capillaries, and this relieves the congested lungs; and, most important of all, it markedly diminishes the secretion in the bronchial tubes and pulmonary tissues. To be effective it must be given in large doses until the physiologic effect is manifest. It is well known that children show a marked tolerance for the drug. Of the thirty cases reported only two terminated fatally.

The Children Sanatoria on the German Sea Coast and Their Prophylactic and Curative Results —This paper by C. A. EWALD† was read before the Berlin Congress for Tuberculosis, and is a result of the recent efforts in the direction of prophylaxis in tuberculosis. Prophylaxis should begin in the early years of a child's life and should be directed against those diseases which provide the fertile soil for the development of a tuberculous affection. To these belong the general conditions of weakness after acute infectious diseases, as scarlet fever and diphtheria, pertussis and measles; further, the chronic conditions of anemia and chlorosis, and those conditions which were known formerly as the lymphatic constitution; and the most important of all, perhaps, the scrofulous affections, and lastly, the forms of tuberculosis which are found in early life, as bone and joint affections. The sea air and the equable climate of the coast make a very favorable climate for patients with such diseases, and it is in sanatoria erected near the sea that the most favorable results with this class of patients are obtained. In the hospital situated in Nordenay from 1889 to 1899 some of the following figures are quoted: Of 7,561 infants 949 had sickness of a tuberculous nature; of these 8.3 per cent. were improved, 91.66 unimproved; 107 with chronic pneumonia and infiltration of the lung, cured 5.61 per cent., improved 71.96, unimproved 22.42 per cent.; 112 with residue after pleurisy, cured 43.75 per cent., improved 51.76, unimproved 4.46 per cent.; 265 with suspected catarrh of the apex and with habitus phthisicus and with hereditary phthisical history, cured 45.28, improved 50.94, unimproved 3.79 per cent.; 441 with joint and bone tuberculosis, glandular and skin involvement, cured 14.05, improved 76.18, unimproved 9.75 per cent. It is to be seen from these statistics that nothing much can be hoped for in cases of advanced involvement from the sea-coast climate. In all the other cases favorable results have been obtained, about 50 per cent. of the cases are cured and a larger per cent. are improved. The author pleads for a wider distribution of these children sanatoria. The article closes with the following: These sanatoria not only cure but they prevent disease. They should excite the warmest interest of those who desire the extermination of tuberculosis.

Infant Feeding.—LEAVELL* concludes that where the breast milk is not to be had, cow's milk is the best substitute, because of all foods it can be most nearly modified to approximate human milk. It should never be obtained from one cow, and Holstein cows are the best breed, the Jerseys being too rich and fat. Cow's milk contains a large excess of proteids, not enough sugar, and fat in about the quantities needed. To get an amount of sugar necessary we have only to add milk sugar; to reduce the percentage of proteids, dilute with water. The formulæ that the author quotes are, however, too complicated to be of much use in general practice, where above all things, as he himself observes, simplicity is necessary. The same objection obtains to the milk laboratories, which have in recent time been established in the larger cities. Of the so-called infant foods the author is of the opinion that, while they may do temporarily, none of them will serve as a permanent article of diet. Author considers peptonized milk of great value, especially in changing at once from breast food to artificial diet or after acute illness. Regularity in feeding is of the greatest importance; from birth to the third month the interval should be two hours, twice at night; from the third month to the fifth, two and one-half hours, once at night; after this three hours, without night feeding. Absolute cleanliness with regard to the nursing bottles is essential, and long tube bottles are to be condemned without reserve. Care should be taken not to feed the infant too much each feeding. The only accurate way to determine whether the infant is thriving is by frequent weighing. Infant should gain at least four ounces per week for several months. Finally it is to be observed, that each case is a law to itself, requiring the care and study of both physician and mother.

*Pediatrics, September 1, 1899.
†Berl. klin. Woch., Sept. 11, 1899.

*Pediatrics, August 15, 1899.

EYE, EAR, NOSE AND THROAT.

Diseases of the Antrum of Highmore; A Study of One Hundred and Fifty Cases.—L. C. CLINE* calls attention to a few points noted in the cases under his own observation. The etiology could be fairly well traced to three sources, viz.: dental, nasal and la grippe. Five cases were bilateral. For diagnosis the use of peroxid of hydrogen and the position of the head are principally relied upon. A few drops of peroxid are injected into the osteum maxillary. If pus is present, it will be manifest by the characteristic reaction. The following points are emphasized: 1. The great number of cases that are traceable to la grippe. 2. The absence of polypoid growths. 3. The greater predominance on the right side. 4. The importance of a good-sized opening and the removal of all diseased teeth. 5. To open through the alveolar process has proven the best procedure. 6. Hot douching to relieve the edematous conditions. 7. Dry treatment alone after a first washing has not been a success in these cases.

Stammering and Its Treatment.—G. H. MAKUEN† gives the history of a case, a man 29 years old, who has stammered since childhood. The chief characteristic of his defect was a spasmodic contraction of the muscles of the soft palate and tongue, resulting in sudden closures during attempts at vocalization and articulation of what he calls the posterior palato-lingual chink. These contractions were of variable frequency and duration and came at the most unexpected times. The affection seemed to be a neurosis and to bear a close resemblance to hysteria and chorea. The primary neurosis was located in the nerves supplying the muscles of the respiratory organs and the pharyngeal spasm was secondary or reflex. In this case there was an irregular and spasmodic action of the muscles that control the breath, and to restore these muscles to their normal action direct nervi-muscular training was resorted to. This method endeavors to single out the muscles, the action of which is faulty, and then by voluntary exercise of these muscles establish correct action. The action of the diaphragm was especially faulty and the first step was an effort to bring this muscle under control of the will. The patient was taught to compress the abdominal viscera by means of voluntary action of the diaphragm and abdominal muscles, and to vary the extent of this compression according to the strength or intensity of the tone required. Exercises were given also for the voluntary control of the levator and depressor thoracic muscles independently of voice or breath. The next step was to combine this newly-acting mechanism with the vocal mechanism. He was then instructed to carry the same principle into the enunciation of syllables and to use in all his speech the method of syllafication. By one voluntary impulse for each syllable he was enabled to throw the entire machinery of speech into correct physiologic action, and then, by repetitions of this process, the ability to enunciate any syllable was acquired. As soon as he learned by experience that he could do this he was cured.

On the Removal of Foreign Bodies from the Cornea.—There are three main instruments to be depended upon in the removal of foreign bodies from the cornea according to G. LEVINSOHN:* 1. The straight or bent cataract needle. 2. A small chisel. 3. A small spoon-shaped instrument. A better instrument than either of these, according to the author, is a spade-shaped form. In regard to the method of removal, the eye should always be rendered anesthetic. Holocain, on account of its rapidity of action, is a good anesthetic to use. The eye should always be fixed by means of the fingers of the left hand. A small magnifying glass should always be used. After the removal of pieces of metal the pigment that the metal has left should always be removed, as it may retard healing of the small corneal wound. The after-treatment is best carried out by means of a moist bandage.

Relations of Headache to Affections of the Eye.—S. D. RISLEY.† The following conclusions may be regarded as established by clinical experience: 1. Abnormalities of the ocular apparatus are in a large group of patients the sole and sufficient cause of headache. 2. These abnormalities of vision may be the unsuspected cause, and therefore the absence of symptoms obviously referable to the eyes does not exclude them as an etiologic factor in headache, insomnia, vertigo, petit chorea in children, and certain stomach derangements. 3. The recent or sudden development of symptoms, after attacks of severe illness, as typhoid fever, the exanthemata, etc., or in association with more or less acute exacerbations of some general dyscrasia, is not sufficient evidence against ocular participation in causing the symptoms. 4. The participation of the eyes as an etiologic factor in headache can be positively excluded only in the absence of ocular disease or after the most painstaking correction of any existing error of refraction or abnormality of binocular balance. 5. For the relief of reflex symptoms accurate corrections are essential, and these can be secured only by the more or less prolonged use of a strong cycloplegic. 6. Immediate relief by these corrections in a large group of patients is not to be expected, since the pain is frequently due to associated pathologic conditions of the fundus oculi, and these require time for cure.

Removal of Exostoses of the External Auditory Canal with a Hook.—G. B. MCAULIFFE‡ reports the

*Jour. Am. M. A., Sept. 23, 1899.
†N. Y. Med. Jour., Sept. 23, 1899.

*Berl. klin. Woch., Sept. 11, 1899.
†Jour. Am. M. A., Sept. 23, 1899.
‡N. Y. Med. Rec., Sept. 23, 1899.

removal by means of a hook of exostoses which were the primary cause of deafness in two cases and the secondary cause in the third instance in which the disability was hastened by the impaction of cerumen. The exostoses were in each case in the right ear and took origin from the posterior or postero-superior wall by a base which was small compared to the size of the growth. In the first case a small hook had been passed along the growth in order to make a channel for audition as a temporary measure. Slight traction was made, which was completed by the sudden jerking away of the patient. The growth was broken off from its basal attachment. The canal and drum were found perfectly normal and audition was perfect. The same method was used in the other cases. There was scarcely any pain experienced in the evulsion. The inflammatory reaction was slight and the canal healed readily under simple surgical treatment.

Observations on Tonsillectomy.—J. H. COULTER* believes that a pathologic tonsil demands entire removal. The exceptions to this rule are few and are ordinarily not difficult to differentiate. They consist of some cases of malignancy, cases of known or strongly suspected hemophilic tendency, the rare but possible condition of aneurysm in the region of the tonsil, in unusually severe cases of tubercular or syphilitic infection with special manifestations in or about the tonsil. The general results of tonsillectomy as compared with those of tonsillotomy are: 1. It gives a cosmetically perfect throat, practically precluding the possibility of a return of the tonsillitis. 2. It liberates and allows a perfect action of the pillars and soft palate. 3. It removes a mechanical obstruction to the sound nares. 4. The operation thoroughly and properly done is more likely to be effective in relieving a reflex disturbance, when such neurosis is due to pathologic tonsil, than is the more simple operation of tonsillotomy. 5. It will leave a perfectly smooth surface in place of the tonsil. With singers this becomes an important matter. 6. Pillars, which were for any reason previously hypertrophied, will ordinarily after this operation promptly retract to a more normal contour and size. 7. It is in some cases a practical operation, where another would be almost or quite impossible. By the removal of the entire gland when pathologic, in adolescence and adult life even more marked and satisfactory results will be obtained than in childhood.

Foreign Bodies Lodged Within the Eyeball.—E. JACKSON.† Besides the careful inspection of the external wound and the anterior segment of the eye by oblique illumination, every case of foreign body in the eye should be subjected to a thorough ophthalmoscopic examination at the earliest possible moment. When the fact of its entrance seems clear, we must consider whether it may not have passed entirely through the eye and lodged elsewhere. Cases may be divided into three classes, according as the foreign body is located (1) in the iris or anterior chamber, (2) in the lens, or (3) in the vitreous or fundus. When lodged in the iris or anterior chamber, the location of the foreign body is usually evident and its removal easy; it should usually be removed as soon as possible. A foreign body lodged in the lens causes traumatic cataract and it is proper to allow this to develop and then extract it in the ordinary way. A foreign body entering the vitreous and lodging there or in the retina, choroid, or ciliary body, should be immediately removed whenever its presence and location can be certainly known. The details of such removal must be adapted to each case, but with the foreign body should be removed all badly damaged or probably infected tissue in the track of the foreign body through the vitreous. The employment of a giant magnet which will draw out a chip of steel from the eye is useless, if it leaves a track of infection certain to result in the destruction of the eye.

Lateral Pharyngeal Abscess Following Tonsillotomy.—HUBER.* Child of two, who had had at eight months a post cervical adenitis, with very great enlargement of the tonsils, which were removed with difficulty. A few days later there was rising temperature, dysphagia and fluctuation was made out in the region of the old scar. The abscess was opened and a large quantity of pus escaped. The drainage tube entered nearly three inches, and examination showed that its distal end was in close contact with the wall of the pharynx. The author considers that in this case traumatism of the tonsillectomy was sufficient to light up a new inflammation along the track of the original abscess.

GYNECOLOGY AND OBSTETRICS.

Upon the Treatment of Puerperal Streptococcus Infection by Curettage. The Cul-de-Sac Incision and the Application of Antiseptic Dressings.—PRYOR† reports fourteen cases, in all of which the bacteriologic examination showed the presence of streptococci in both the contents of the uterus and in the pelvic cavity. The cases reported were subjected to the following treatment: Careful preparation of the patient in all those cases in which delay was warranted, the object of which was to reduce the specific gravity of the urine, the amount of urea, and to cleanse the colon. This was accomplished by high colon enemata of four pints of normal salt solution every eight hours. The uterus was curetted thoroughly and irrigated with salt solution, and followed by a broad incision into Douglas' pouch, in order to liberate all adherent organs and evacuate

*Jour. Am. M. A., Sept. 23, 1899.
†N. Y. Med. Jour., Sept. 23, 1899.

*Pediatrics, September 15, 1899.
†American Journal of Obstetrics, September, 1899.

all fluids. Iodoform gauze was employed to fill all portions of the pelvis posterior to the uterus and to pack the uterus tightly. The curettage is performed as much for the purpose of creating a raw surface, which can safely absorb iodine, as to remove infected tissue. A strong reaction of iodine is gotten from the urine in an average of five hours after the operation. In only one case were streptococci found later than the third dressing with iodoform gauze. The good results seems to be accomplished more by the iodine than by the mere sterilization of the pelvis.

Vaginal Cystotomy for the Cure of Irritable Bladder.—KNOX* recommends employing his method of treatment in those old chronic cases which have refused to yield to any of the more common methods of treatment. An incision about one inch in length is made midway between the cervix and mouth of the urethra, and kept patent by stitching the mucous membrane of the bladder to that of the vagina. Besides the use of benzoic acid, to correct the alkalinity of the urine, and a few bladder irrigations, no further treatment is used. After an interval of about two months, the urine is allowed to pass through the natural channel. The good results are explained by the complete rest of the sphincter vesicæ, which abolishes all the bladder reflexes and relieves the high nervous tension of the whole body.

Does the Removal of the Ovaries Exert Beneficial Influence on the Subsequent Progress of Malignant Diseases?—E. E. MONTGOMERY† discusses briefly the operation of oöphorectomy with reference to its reported beneficial effect in the treatment of mammary cancer, and believes that if it is serviceable in the one form, then the treatment should be applied to all forms of cancer wherever situated. The extirpation of the ovaries should accompany the removal of the uterus in every case of uterine cancer, and the advisability of oöphorecetomy should be considered in every case of inoperable cancer of the genito-urinary canal, as well as of the mammary gland and digestive tract. His own experience with the extirpation of the uterus for cancer has not led to the belief that the patient enjoyed any special immunity against relapses on the removal of the ovaries. The ovaries may, however, exert an influence on the circulation in the vicinity of the reproductive organs through the vasomotor system. With the removal of the ovaries and the cessation of need for their performance of special functions, the unused organs are no longer so liberally supplied with blood, and hence temporary relief follows. Moreover, such an operation will be of service only during reproductive activity.

*American Journal of Obstetrics, September, 1899.
†Jour. Amer. Med. Assn., September 23, 1899.

INTERNAL MEDICINE.

A Case of Typhoid Fever with Ulceration of the Esophagus, Etc. — D. RIESMAN* found at the autopsy upon a young man 17 years old, who had died of typhoid fever, ulceration of the esophagus. In the upper part of the esophagus, on the anterior wall, was a chain of four ulcers, extending perpendicularly downward. The ulcers were elevated and had sharply defined, pale edges; the center was slightly depressed below the margin. The lymphoid nodules all along the esophagus were well marked. The tonsils and middle lobe of the thyroid gland were enlarged. The condition caused no characteristic symptoms, which is apparent also in the cases of typhoid ulceration of the esophagus reported, which are quite few in number. The absence of signs in part accounts for the fact that this part of the digestive tract is so rarely examined at autopsies on typhoid fever; if it were inspected in every case it is probable that ulceration would be discovered more frequently.

Acute Fatal Dilatation of the Stomach.—KIRSCH.† Male, aged 19. Following the ingestion of two plates of soup and one glass of beer, the patient was seized with very severe abdominal pain, which increased in severity for three days. At this time vomiting set in, with great prostration. Constipation absolute. Urinary secretion much diminished; great thirst. Subnormal temperature. Patient was given nothing by mouth except small pieces of ice, and for the relief of the pain opium suppositories. After two days dilatation made itself manifest just below the umbilicus, and distinct succussion could be obtained. The stomach was immediately washed out and three litres of rather greenish fluid removed. The dullness promptly disappeared. Examination of the contents of the stomach showed lactic acid present. No free hydrochloric acid present. Patient became rapidly worse, went into collapse, and in spite of vigorous cardiac stimulation died the next day. Post mortem examination showed enormous dilatation of the stomach, which extended into the pelvis; the duodenum also was dilated. No ulceration anywhere in the stomach. The interest of the case lies in the acute onset, without sufficiently clear etiologic factors. The microscopic examination of the stomach wall showed atrophy of both mucous membrane and muscularis. But this would hardly explain the acute onset.

Headaches of Gastro-Intestinal Disorders.—F. BILLINGS.‡ Gastro-intestinal disturbance is a very common cause of headache. The gastric disturbance may depend on organic stomach disease, or may be associated with the many functional disturbances of

*Phila. Med. Jour., September 23, 1899.
†Deutsche Medicinische Wochenschrift, August 17, 1899.
‡Jour. Am. M. A., September 23, 1899.

the stomach and bowels. Organic disease of the gastro-intestinal tract does not primarily cause headache. The resulting dyspepsia, fermentation, constipation and lessened antiseptic action of the stomach secretions are the probable source of an auto-intoxication, which may result in a disturbance of the nervons apparatus, and headache may be one of the symptom expressions of the toxemia. Fundamentally, headaches due to gastro-intestinal disorders are probably toxic, but the toxic substances causing the headache are really unknown. The brow of the whole frontal region is the common seat of the pain, but it may be occipital, vertical or general. In acute attacks nausea and vomiting usually occur. In more chronic forms nausea may occur and rarely vomiting.

On the Prevention of Tuberculosis.—C. STRUEH.* The disposition to infection must be regarded as the key to the whole question of contagion in tuberculosis. There can be no contagion without disposition, *i. e.*, without abnormal cellular conditions. Our efforts, therefore, should be directed toward influencing the cellular life by hygienic means, instead of our making it a principal aim to avoid or destroy bacilli. The bacilli do not take a foothold in any organism until we have caused in it an abnormal condition of the cellular life through our irrational living. The experiments on animals by no means contradict this assertion, for we always experiment on animals which also live under conditions contrary to nature; they are kept in dark stables or narrow cages in which they cannot live and move about as was nature's intention they should. As we can cure consumption only by placing the patient under conditions which are calculated to strengthen his powers of resistance, so we can prevent consumption only by the same means. Only by perfect public and personal hygiene will we be enabled to prevent the spread of tuberculosis, but never by such means as are characterizing all our present efforts. The slaughtering of tuberculous animals will not remove the cause, and leaves the following generation of cattle exposed to the same influences, which may doubtless be found in the abnormal conditions under which these animals were kept. Not from the use of tuberculin or from chemicals, not from one-sided, ineffective measures, can we expect material success in the prevention and cure of tuberculosis, but only from a strict observance of the laws of nature.

X-Ray Examinations of the Chest, as Illustrated by Two Cases of Pneumohydrothorax and Two of Pneumothorax.—F. H. WILLIAMS† believes that in these conditions X-ray examinations are helpful, particularly in determining the size of the heart where it is larger or smaller than normal. In the case of pneumohydrothorax the level of the fluid could be seen changing with the bending backward or forward of the patient, and when quiet the waves made on its surface by the heart-beat were visible. Diagrams are given showing the picture obtained in each one of these two affections. By means of X-ray examinations certain abnormal conditions of the lungs can be recognized early; in pulmonary tuberculosis, in some cases, the departure from normal can be seen before physical signs can be obtained. Emphysema of the lungs is easily indicated; aneurysms may be seen before there are physical signs by consultation and percussion; the size, position, shape and motility of the heart can be more accurately determined.

Meningitis Purulenta Mistaken for Peritonitis Following the Sounding of an Esophagus Stricture.—ZUFFINGER.* A child 3¾ years of age acquired an esophageal stricture through swallowing a corrosive alkali. The author through the use of sounds succeeded in dilating it sufficiently to admit of the injection of liquid food. A few weeks after the occurrence of the stricture the sound was introduced, the child walked home, drank milk, then played for several hours with other children. Shortly afterwards symptoms resembling those of peritonitis developed, and within twelve hours the child died. The post mortem revealed a basilar purulent meningitis, but no perforation or even injury of the esophagus at the point of stricture. As to the etiology, little could be determined.

Cerebral Complications of Mumps.—BROMWELL† reports two cases in which meningitis and cerebritis occurred as a direct result of the parotitis. In each case there was a sudden disappearance of the swelling of the parotids when it should have been at or near its height. This is undoubtedly due to metastasis, but as little is known of the true cause of mumps or its virus the question cannot be discussed with any degree of satisfaction.

On Dermatomyositis. — H. OPPENHEIM‡ demonstrated an eight year old boy with this very rare disease. For a year or more the patient complained of pain in the back and limbs, which increased so that there was considerable difficulty in moving about. Changes in the skin then appeared which showed swelling and tenderness. Burning and pain in the throat, with evidences of an accompanying rise of temperature, were the next symptoms. On examination, the symptoms are of two kinds—on one side the muscles, on the other side the skin, mucous membranes, and subcutaneous tissue. The muscular changes show themselves in

*N. Y. Med. Rec., September 23, 1899.
†Phila. Med. Jour., September 23, 1899.

*Wiener klinische Wochenschrift, August 24, 1899.
†Amer. Jour. of Obstet., September, 1899.
‡Berl. klin. Woch., Sept. 11, 1899.

the stiff and constrained position of the child; they depend upon the pain on motion. There are also a paresis and atrophy of single muscles and abnormal tension in others. Atrophy and paresis are seen best in the deltoid and the flexors of the lower arm. The muscle substance has also undergone a change. The changes in the skin and mucous membranes are an erythematous and a pseudo-erysipelatous discoloration. This disease was first described by Wagner, Hepp and Unverricht as polymyositis acuta. Microscopic preparation showed a strong cell infiltration of the muscle substance, sometimes diffuse, sometimes in foci. The perimysium internum is increased in many places. Primitive fibres are for the most part atrophied. The prognosis in this case is probably favorable on account of the age of the patient and the subacute course.

NERVOUS AND MENTAL DISEASES.

The Mental Element in the Treatment of Headache.—ZENNER* reports two cases in which surgical operations upon distant organs were performed for the relief of headaches. The patients afterwards died, and post mortem revealed the presence of brain tumor in each case. He therefore makes a plea for more closely scrutinizing results, for greater heedfulness in the application of special treatment, particularly where operative measures are thought expedient.

Acute Rheumatic Mental Disturbances Complicating Acute Rheumatic Chorea. — JASTROWITZ† reports a case of acute polyarticular rheumatism complicated with chorea and marked mental disturbances. The author considers that chorea and rheumatism are intimately associated, and discusses the relation of the mental disturbances to the other condition. He considers that Simon's classification of this condition is correct, viz.: 1. Melancholy with stupor. 2. Form alternating between melancholy and mania. 3. A condition of demented confusion. There are, however, certain mental disturbances which may be considered as typically rheumatic. In the case reported, with the disappearance of the chorea the mental confusion promptly disappears also.

The Legal versus the Scientific Test of Insanity in Criminal Cases.—C. F. MACDONALD.‡ The fact that it is impossible to formulate a strictly scientific definition of insanity, that is a definition that shall embrace every variety of the disease and at the same time exclude certain conditions of mental disturbance or disorder which do not come within our conception of insanity, is in itself the strongest argument against the utility of any legal test of this disease. To set up a legal test or standard of insanity which is not in bearing with the teachings of medical science, and at the same time so narrow in scope as to exclude from its benefits the victims of paranoia, who represent such a large proportion of the dangerous insane simply because they possess a knowledge of right and wrong, is a disgrace to jurisprudence and a travesty upon justice. The same test should be applied in deciding criminal cases as is now required by law for the commitment of an individual to a hospital for the insane, namely, an examination of the mental condition of the accused by physicians who are practically familiar with the phenomena of insanity. Much of the discrepancy and conflict of opinion in our courts of law respecting the responsibility in criminal cases where insanity is alleged would disappear.

Normal and Pathologic Histology of the Nerve Cell.—This is a critical digest of the literature of this subject from 1894 to 1898. W. FORD ROBERTSON* has performed an important task in doing this. It is by far the best bibliography that has yet appeared. An abstract of this work is impossible, as it itself is a collection of abstracts. The attention of those interested in this subject is called to the article. It is divided into convenient headings, so that the progress and prevailing ideas on any individual subject can be easily obtained. The main headings are: 1. Normal structure of the nerve cell. 2. Experimental pathology of the nerve cell. 3. Types of morbid change affecting the nerve cell. 4. Addendum upon physiologic and pathologic deductions.

SURGERY.

The Value of a Leucocyte Count in Appendicitis. — HEAD.† As an aid in the diagnosis of appendicitis, the leucocyte count is of the greatest value, and by this alone one is often able to clear up a difficult case. In appendicitis the leucocytes are increased, while in uncomplicated typhoid fever, gallstones, intestinal obstruction, etc., with which appendicitis is often confounded, they are normal or decreased. By careful observation, one is also able in a great many cases to determine the character of the inflammation, as well as the course of the same.

Operation for Undescended Testicle and Congenital Inguinal Hernia.—A. D. BEVAN‡ pursues the following technic in operating on undescended testicle, whenever it is palpable about the canal: Incision three inches long over the canal; the incision should never involve the scrotum and should not extend further inward or downward than the external ring. If the testicle is in the canal, split the canal open the entire length by division of the external oblique, draw out the testicle by dividing all the cov-

*Lancet Clinic, September 22, 1899.
†Deutsche medicinische Wochenschrift, Aug. 17, 1899.
‡N. Y. Med. Rec , Sept. 23, 1899.

*Brain, Summer, 1899.
†The Medical Dial, September, 1899.
‡Jour. Amer. Med. Assn., September 23, 1899.

ering over it down to the peritoneum, run the finger along the vas and carefully separate the peritoneum from the vas for two or three inches within the abdomen, run the finger along the spermatic vessels, and in the same way free them from peritoneum. Separate the vaginal process from the cord high up, ligate the peritoneum of the internal ring, and divide the process half an inch below the ligature, remove all the coverings from the cord, so that the testicle hangs suspended by the vas and the spermatic veesels. The testicle can be readily laid on the thigh several inches below Poupart's ligament. The index finger is now carried into close contact with the external oblique over the crest of the pubis into the scrotum, and with the finger a large pocket is made on that side of the scrotum for the reception of the testicle, care being taken to make the opening of the pocket only as large as neceessary to admit the testicle. The freely movable testicle is now slipped into the scrotal pocket, where it remains without tendency to retract. The testicle is not sutured to the scrotum; if the testicle has been properly freed, suturing is superflous, and if it cannot be retained in the scrotum without suture, then it will retract in spite of such suturing. The inguinal canal is now restored as in a Bassini operation without transplantation of the cord. After the closure of the canal and external ring, the deep layer of the superficial fascia is sewed to the aponeurosis of the external oblique by means of fine buried catgut. This is done throughout the operative field, over the inguinal canal, and well down over the pelvic crest to the neck of the scrotum. This is to obliterate the areolar space between the superficial and deep fascia in front of the external ring, in which the testicle retracts in case of recurrence of malposition.

Tuberculous Peritonitis.—F. S. DENNIS.* It has now become an established routine of practice that laparotomy is justifiable in cases of ascites in which the etiology does not depend on disease of the liver, kidney or heart. The different manifestations of tuberculous peritonitis are manifold. It may appear in the form of miliary tuberculosis of the peritoneum with ascites. It may present as an infiltration in the omentum or mesenteric nodes, accompanied by a chronic inflammation, in which the coils of intestine are matted together, forming a large tumor. It may even appear in the form of an encapsulated abscess of a tuberculous origin. The theories as to the method of invasion of the bacilli, the symptoms of tuberculous peritonitis and the diagnosis of the condition are fully discussed, together with the differentiation from typhoid fever, subphrenic abscess and empyena. Prognosis depends largely on the age of the patient, the advanced state of the disease and the character of the operation. The question of cure without operative treatment is considered. The special methods of operation are briefly reviewed, with the various theories advanced as to the real cause to which cures have been attributed after laparotomy. The ideal operation is laparotomy, the evacuation of the fluid and lavage of the entire cavity with warm sterilized water, and immediate closure of the peritoneal cavity without drainage. In the purulent variety it is best to evacuate the fluid, wash out the abdomen with an antiseptic fluid, and, in addition, to mop out the entire cavity, and to perform lavage with sterilized water, and drain only in cases in which there are encysted pockets of pus.

*Phila. Med. Jour., September 23, 1899.

Primary Carcinoma of the Ovary and Sigmoid Flexure.—P. D. BOURLAND.* The patient, a woman, 45 years old, was operated upon for abdominal tumor, and two large ovarian cysts were removed. She made an uneventful recovery and was discharged from the hospital in five weeks. Seven months later the woman died, after gradual failure of health for several months, and for three weeks before death passed blood-streaked fluid from the rectum; and later, vomited similar fluid. Upon autopsy, the sigmoid flexure was found to be bound down by strong adhesions, distended by a mass of foul-smelling, superficially necrotic tumor-growth, which almost excluded it for about six inches. The mesenteric glands were greatly enlarged and hard. The liver was enlarged and contained hard nodules, and the right lung also contained several nodules. Microscopic examination established the diagnosis of primary adenocarcinoma of intestine, secondary adenocarcinoma of liver, retroperitoneal glands, peritoneum and lungs. Comparison of the intestinal growth with the malignant portion of the ovarian tumor removed six months previously, lead to the conclusion that no relationship existed between them. The reasons are as follows: 1. The ovarian tumor has much less adenomatous structure, the cells show much more tendency to grow free from the basement membrane. 2. The histogenesis of the sigmoid tumor is shown by the transition from adenoma to carcinoma; that of the ovarian tumor by the development of carcinomatous areas from proliferating cell-lining of the cysts. 3. The sigmoid flexures is one of the favorite seats of primary carcinoma, while a metastatic carcinoma in this region coming from a primary in the ovary is practically unknown. A primary in the intestine may very rarely give rise to a secondary in the ovary. 4. Clinical history shows that the ovarian tumor developed first, and at the time of its removal no evidence of growths was found in any other location. The tumors are therefore looked upon as coincident primary carcinomata, the chief point in favor of this view being that the histogenesis has been proved in each case.

*Phil. Med. Jour., September 23, 1899.

Practical Therapeutics.

Treatment of Cystitis.—In cases of chronic cystitis, which have resisted the ordinary plans of treatment, P. A. MESURARD* has obtained very good results by the use of the following formula:

Canada balsam	20.
Calcined magnesia	2.
Soap	
Benzoin	āā q. s.

M. Ft. Pil. 100.

Sig. One, at first four times and later on five times a day.

Chloretone; a New Hypnotic and Anesthetic.—E. M. HOUGHTON and T. B. ALDRICH.† Chloretone is a white crystalline compound having a camphoraceous odor; it is formed by the addition of caustic potash to equal weights of chloroform and acetone. The main action of the drug is confined to the central nervous system, it being essentially the same as that of the other anesthetics and hypnotics of the fatty acid series, differing from most members of this group in not depressing the circulatory system. It also possesses local anesthetic properties in a marked degree, resembling cocain in many respects. It will probably be found a useful substitute for this drug, as the small amounts introduced subcutaneously to produce insensibility to pain in surgical work are entirely harmless. Pain and uncontrollable vomiting of gastric origin may often be quickly relieved by its internal administration. From 6 to 20 grains given in tablets at a single dose, followed by a drink of water or milk, are sufficient to produce the desired results. A more detailed report is to follow.

The Physiologic Action and Therapeutics of Guaiamar.—G. F. BUTLER.‡ Guaiamar is a glycerol ether of guaiacol, prepared by the reaction taking place between pure guaiacol and anhydrous glycerin. It is a dry, white, crystalline powder, soluble in alcohol, chloroform, ether, glycerin, and in about twenty parts of water. This drug is compatible and may advantageously be administered with quinin, cod-liver oil, malt, hypophosphites, and pepsin. In a pure state guaiamar has antiseptic properties, but its chief value lies in the liberation of nascent guaiacol, partly in the stomach but chiefly in the intestinal canal. It does not interfere with the normal process of digestion, but has a decided tonic action. The drug may be given internally in doses of from three to fifteen grains; should no irritation of the genito-urinary tract occur it can safely be given in doses of ten or fifteen grains three times a day. It has been employed with good results in typhoid fever, pulmonary diseases, chronic cystitis, gastro-intestinal disorders, and locally, in the form of an ointment, in cases of acute articular rheumatism, in the treatment of indolent and sloughing ulcers, burns and bedsores. In solution it has proved of value applied to areas of erysipelas, to open wounds, and as an antiseptic mouth-wash or gargle for syphilitic lesions. The strength employed is one drachm to the ounce. The advantage that guaiamar possesses over creosote, guaiacol, etc., is that it stimulates the appetite and digestion and thereby increases weight.

*La Presse Medicale, Sept. 6, 1899.

†Jour. Am. M. A., September 23, 1899.

‡N. Y. Med. Jour., Sept. 23, 1899.

Treatment of Varicose Ulcers.—In old, extensive varicose ulcers accompanied by edema of the surrounding tissues, LAFOND GRELLELG* has obtained very successful results by the following procedure: By capillary drainage he gets rid of the edema, then he stimulates the borders by touching them with the solid stick of nitrate of silver for two days, and next he covers the ulcer with compresses of absorbent cotton dipped in a warm (98°) 10 per cent. solution of gelatin. This is covered with rubber tissue or any other similar material and the leg kept in a horizontal position. The dressing is changed three or four times a day in order to replace the cold solidified gelatin by warm and liquid gelatin. In from fifteen to twenty-five days a radical cure is achieved.

Validol, a New Menthol Preparation.—VERTUN† describes a new menthol preparation called validol. Menthol, according to Pellacani, acts as a sedative upon the cord, lessens its reflex activity, and lessens its sensbility. Small doses stimulate the heart's action; death results from paralysis of the respiratory center. Validol is a clear, oily fluid. It is supposed to act without any of the after effects of the other menthol preparations. The author uses it in neurasthenic cases, migraine, etc., in doses of 10–15 drops, three times daily. This drug showed better results than the pure menthol preparations, and none of the disagreeable after effects, as, for example, pharyngeal irritability. The author thinks that validol is the best of the menthol preparations, and regards it as a valuable pharmaceutical addition.

The municipal authorities of San Antonio have inaugurated a sanitary reform in that city and are pushing it with commendable vigor. The movement is backed by the people, and to stimulate additional interest in the subject cash prizes, made up by subscription by the business men, have been offered for papers on hygiene. These are open to non-professional competition and are upon city and home sanitation. The former was awarded to Mr. John Rodham and the latter to Mrs. A. Fletcher, both of San Antonio. These papers are published in the *Texas Medical Journal*, which thinks that the movement marks an important era in sanitary reform in Texas.

*La Presse Medicale, Sept. 6, 1899.

†Berl. klin. Woch., Aug. 14, 1899.